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Examiner Son T. Nguyen Group Art Unit 3643	Mail Stop RCE U.S. Patent and Trademark Office	571-273-8300	571-272-6889

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CLIENT/MATTER NAME	U.S. Patent Appln. No. 09/173,134
CLIENT/MATTER NO.	364106/0176

MESSAGE

Transmitted herewith please find:

1. Certificate of Transmission by Facsimile (37 CFR 1.8) (1 pg.);
2. Request for Continued Examination (RCE) Transmittal (1 pg.);
3. Fee Transmittal for FY 2005 (1 page); and
4. Amendment (9 pgs.)

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Docket No.
364106/0176
SBP:JL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: George S. Gabriel, et al.

Group Art Unit: 3643

Application No.: 09/173,134

Examiner: Son T. Nguyen

Filed: October 15, 1998

For: MULTIPURPOSE CAGE AND RACK SYSTEM

Date: September 29, 2006

CERTIFICATE OF TRANSMISSION
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4812). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 09/173,134 Filing Date October 15, 1998 First Named Inventor George S. Gabriel Examiner Name Son T. Nguyen Art Unit 3643 Attorney Docket No. 364106/0176	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 200.00			

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x _____ = **200.00**
 HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**
 _____ x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)** _____

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. 26,405	Telephone (212) 806-5400
Signature		(Attorney/Agent)	
Name (Print/Type)	Steven B. Pokotilov	Date September 29, 2006	

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